

## English version

CO36-001-e

**Impact of self-care program in osteoarthritis management at the medical stage**

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E-mail address: [ecoudeyre@chu-clermontferrand.fr](mailto:ecoudeyre@chu-clermontferrand.fr).**Keywords:** osteoarthritis; Self care; Beliefs**Objective.**– To assess therapeutic education program impact for osteoarthritis at the medical stage. Factors limiting efficiency and implementation of these programs such as patients' beliefs will be highlighted.**Method.**– A non systematic literature review on Medline and Cochrane Library databases from 1966 to 2009 using following key words “osteoarthritis”, “self care/therapeutic education”, “patients' beliefs” is conducted. Clinical trials and randomized clinical trials, as well as literature reviews and practice guidelines, published in English and French will be analysed.**Results.**– Therapeutic education is part of the non pharmacological management of chronic illnesses such as osteoarthritis (OA). The aim of education at medical stage of OA is to change patients' lifestyle, especially the regular practice of physical activity and weight reduction. Fears and avoidance assessment is necessary before patients' education process.**Conclusion.**– The efficacy of therapeutic education could be optimised for the management of OA with use of standardized rules and methods to deliver information and education. One way to improve therapeutic education in the management of OA could be to propose specific continuing medical education programs supported by specific economic sources for health care professionals.**Further reading**Coudeyre E, Sanchez K, Rannou F, Poiradeau S, Lefevre-Colau MM. Impact of self-care programs for lower limb osteoarthritis and influence of patients' beliefs. *Ann Phys Rehabil Med* 2010;53(6–7):434–50.<http://dx.doi.org/10.1016/j.rehab.2012.07.313>

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**Evaluation of a pre operative education approach for patient undergoing total knee replacement**B. Eschalié<sup>a,\*</sup>, S. Descamps<sup>b</sup>, B. Pereira<sup>c</sup>, M.G. Girard<sup>d</sup>, S. Boisgard<sup>b</sup>, E. Coudeyre<sup>e</sup><sup>a</sup> CHU de Clermont-Ferrand, service de médecine physique et de réadaptation, 58, rue Montalembert, 63000 Clermont-Ferrand, France<sup>b</sup> Service de chirurgie orthopédique et traumatologie, université d'Auvergne, CHU de Clermont-Ferrand, France<sup>c</sup> Direction de la recherche clinique et innovation, CHU de Clermont-Ferrand, France<sup>d</sup> Service de chirurgie orthopédique et traumatologie, CHU de Clermont-Ferrand, France<sup>e</sup> Service de médecine physique et de réadaptation, université d'Auvergne, CHU de Clermont-Ferrand, France

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E-mail address: [beschalié@chu-clermontferrand.fr](mailto:beschalié@chu-clermontferrand.fr).**Keywords:** Knee osteoarthritis; Total knee replacement/arthroplasty; Patient education; Self care; Booklet; Perioperative physiotherapy**Introduction.**– The benefit of preoperative rehabilitation treatment combining physiotherapy and targeted education for patient undergoing TKR is well known [1]. There is no consensus about content of the delivered information for education process. To our knowledge no validated document content is available.

Our aim was to assess the impact of an education booklet delivered to the patient before surgery on patient's score of knowledge (Co) and beliefs (Cr). This booklet, which explains the management of perioperative osteoarthritic knee, was designed for the study and was previously validated by a multidisciplinary

group of experts and patients [2]. Our hypothesis is that the information delivered in this booklet improves both scores.

**Materials and Methods:** This prospective randomized study included 44 patients. Patients were all scheduled for TKR in the following month. Groups were randomized in intervention group G1 ( $n = 22$ ) and control group G2 ( $n = 22$ ). G1 received the booklet and the information delivered by the surgeon and G2 just received the usually delivered information. Evaluation was realized at inclusion, the day before surgery and 6 weeks after surgery with the scores Co and Cr. In addition a satisfaction score (Sa) was done at the final evaluation. Quantitative data were compared between groups with a Kruskal-Wallis test and qualitative parameters were compared using the Fisher-exact test.**Results:** The two groups were statistically homogeneous. We did not find significant differences between the two groups regarding the different scores during the different evaluations.**Discussion:** In our study, the delivery of an information booklet for patient education related to perioperative management of osteoarthritic knee, do not improve the different patient's scores. It would be now interesting to study the impact of a complete multidisciplinary preoperative care, based on therapeutic education group on the same population of patient undergoing TKR.**References**[1] Coudeyre E, et al. Could preoperative rehabilitation modify postoperative outcomes after total hip and knee arthroplasty? Elaboration of French clinical practice guidelines. *Ann Readapt Med Phys* 2007;50:189–97.

[2] Coudeyre E, et al. Elaboration et validation d'un livret d'information destiné aux patients candidats à une arthroplastie totale de genou. Communication affichée. SOFMER 2009.

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**Muscle strengthening after ACL surgery: Therapeutic education in multiple rehabilitation centers**V. Salvator Witvoet<sup>a,\*</sup>, M. Bovard<sup>b</sup>, N. Yahia<sup>c</sup>, F. De Lucas<sup>c</sup>, D. Pailler<sup>d</sup>, L. Gozhan<sup>e</sup>, B. Coïc<sup>f</sup><sup>a</sup> UMRP hôpital Bellan, 16, rue de l'acqueduc, 75010 Paris, France<sup>b</sup> CRF La Chataigneraie Convention 75015, France<sup>c</sup> CRF La Chataigneraie Menucourt 95, France<sup>d</sup> Clinique Sainte Marie Paris Nord 93, France<sup>e</sup> Hôpital national Saint Maurice 94, France<sup>f</sup> UMRP hôpital Bellan, France

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E-mail address: [vws004@gmail.com](mailto:vws004@gmail.com).**Keywords:** Therapeutic education; ACL plasty; Muscle strengthening**Introduction.**– Muscle strengthening has a significant effect on functional activities and improves the patient's return to sports after anterior cruciate ligament (ACL) surgery. The impact of early postoperative muscle strengthening has been widely reported in recent studies [1]. Maintaining a safe self-training programme is necessary but difficult for a patient leaving the rehabilitation centre without supportive assistance. It can be improved with therapeutic education.**Goals:** The first phase is designed to:

- determine practices and involvement level for therapists from five rehabilitation centers in terms of information delivery and therapeutic education after ACL plasty;
- assess the collection and traceability of the information to develop a training programme;
- assess patient experience and assessment of the rehabilitation programme.

**Methods.**– A multidisciplinary steering committee from five rehabilitation centres was created and proposed to assess the opportunity of this therapeutic education: the assessment was based on three investigations: first an anonymous professional practices audit, second a retrospective study of a sample of 200 patients during their rehabilitation programme in 2011, third an audit of another sample of 200 patients at the end of their programme in 2012.**Results.**– From the professional investigation: 80% of the physiotherapists evaluated knowledge and practices about muscle strengthening; but only 60%

delivered oral information individually. 66% of the therapists agreed that a written document is useful to guide the patient's self-training programme. The two other investigations are currently in process.

**Discussion.**— The results of the three studies and the methodology will be analysed.

#### Reference

[1] Condouret J, Cohn J, Ferret JM. Évaluation isocinétiq   à deux ans des ligamentoplasties du LCA au tendon rotulien et aux ischiojambiers. *Rev Chir Orthop* 2008;94S:375–82.

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### Limiting educational disruptions in patients with chronic LBP

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**Keywords:** Low back Pain; Therapeutic Education; Educationnal Workshop

**Objective.**— Therapeutic education is now a part of functional restoration programs (multidisciplinary or back schools) for patients with chronic LBP. However, predictive factors of treatment outcome are still unclear. Therefore new strategies aiming at limiting factors contributing to LBP chronicity (FC) need more individual analysis. A shared educational assessment does not always detect these factors, which are often poorly defined by the binomial patient/health care team leading to ruptures (educational target not defined and/or not understood, misdiagnosis, inadequate follow-up). The objective is to provide an educational tool to optimize the diagnosis, the ownership, and the treatment of FC.

**Material and method.**— A specific educational workshop concerning low back pain FC was co-constructed with patients. Patients can choose among recognized risk factors of chronicity. Individual and group discussions are proposed. Each patient recognizes his own risk factors, redefines and appropriates them, and builds a stage in its own treatment plan.

**Results-discussion.**— This workshop allows the patient:

- to recognize its own factors leading to his own chronicity, often misdiagnosed by the bio-medical model;
- to share its experience with other patients and interact with the determinants of its own health;
- to build a specific stage of his educational and care program;
- to set individual goals, accurate and suitable for personal monitoring. A decision tree built on this model is proposed.

**Conclusion.**— This workshop is part of a structured educational program and aims to define additional targets (education assessment) to limit educational disruptions related to unclear treatment plan.

#### Further reading

van der Hulst M, et al. A systematic review of sociodemographic, physical, and psychological predictors of multidisciplinary rehabilitation or back school treatment outcome in patients with chronic low back pain. *Spine* 2005;30:813–25.

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### Setting up a help workshop for caregivers of hospitalized brain injured patients by a multidisciplinary team

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**Keywords:** Brain injured patients; Caregivers; Therapeutic program; Handicap; Multidisciplinary team

The help workshop for caregivers aims to improve their awareness of the deficiencies experienced by brain injured patients and their consequences for daily life activities, to set up ways to compensate for the restriction of activity and to establish protective measures for the caregivers themselves. The goal is to maximize safety and comfortable conditions. The caregivers play an essential role in care (or support) and the development of a life project. They are the resource persons of hospitalized patients (neurologic lesion, sensitive and motor and/or behavioural and cognitive handicaps).

**Aim.**— This was a prospective study, focusing on the assessment of the set up and on satisfaction with the caregiver help workshop.

**Equipment. Patients. Method.**— The 3-h meeting was conducted jointly by six therapists (welfare officer, occupational therapist, physiotherapist, physician, speech therapist and psychologist) once a month since October 2011. It consisted of 3 workshops: health and social aspects; motor and sensorial aspects; behaviour and cognitive aspects. Supportive elements were shared by all three workshops: explanatory booklet, slide presentations, practical applications, demonstrations, quiz and group discussion.

**Results.**— Five meetings were set up with 35 caregivers, representing 17 different patients. The caregivers were mainly family members: spouse (26%), relatives (26%), children (23%) and friends (23%).

The pathologies were: right hemispheric stroke (53%), left hemispheric stroke (29%), cerebral anoxia (6%), traumatic brain injury (6%) and meningitis (6%). According to the caregiver satisfaction questionnaire, 47% of them value the workshop "satisfactory", 42% "very satisfactory" and 1% "not very satisfactory" or "unsatisfactory".

**Discussion.**— This workshop has enabled to formalize the place of the caregivers and to guide them in accompanying their brain injured close relatives. It enables an early awareness of the disabilities and handicaps, so as to optimize safety conditions when returning home.

The group has also a therapeutic effect on the families reducing the feeling of loneliness caused by this chronic illness.

Finally the workshop encourages the caregivers to consult the various referent therapists with the patient.

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### Therapeutic patient education (TPE) program to prevent falls after a stroke

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**Keywords:** Therapeutic education; Stroke; Falls

**Methods.**— The present program is built according to the methodological guidelines proposed by the SOFMER and the SFNV, by an interdisciplinary working group (physician coordinator, physiotherapist, occupational therapist, psychologist and representative of France AVC association).

**Inclusion criteria.**— Post stroke inpatients and their family caregivers. The program includes individual activities for learning tasks and group activities for the exchange of coping strategies. Family doctor is informed of the process at the beginning of the program in order to ensure the sustainability of the objectives after discharge from rehabilitation. An assessment is carried out concerning the patient (frequency of falls, knowledge, quality of life), and the learning process.

**Results.**— Twenty-six inpatients (mean age  $\pm$  SD, 64  $\pm$  14, 5 y) admitted in our rehabilitation hospital were included in the program during the period between 1.06.2011 and 15.12.2011. All had histories of falling. Time since onset of stroke ranged from 14 to 133 days (mean, 80) for 20 patients. Six patients had a chronic hemiplegia (> 1 year post stroke). The mean score of physical dependence PMSI was 10/16 (SD: 4) and the mean score of psychological dependence was 4/8 (SD: 2). Only 8 family caregivers (on 14 at the baseline)